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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/434,092 12/17/2002 *OK JB*

** FOREIGN APPLICATIONS *****
None JB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/24/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 7	TOTAL CLAIMS 53	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
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TITLE
 Total disc implant

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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